

## APPLICATION FOR EMPLOYMENT

<b>PERSONAL DETAILS(Please complete in BLOCK CAPITALS)</b>		<b>Position Applied for:</b>
Surname:	Forename(s):	Mr. Mrs. Miss.
Address:		
Current Driving Licence:	Home Tel:	
Licence Group:	Mobile Tel:	
Details of any Endorsements:	Email:	
Notice required in current post:		

Education History	
Schools / Colleges / Universities / Other Training	Qualifications Gained:

Employment History					
From-To	Name & Address Of Employer	Job Title	Duties	Rate Of Pay	Reason For Leaving

**REFERENCES:** *(Please note the names of two persons from whom we may obtain both character and work experience references)*

**Forename:**

**Forename:**

**Surname:**

**Surname:**

**Address & Tel No:**

**Address & Tel No:**

**LEISURE:** *(Please note here your leisure interests, sports, hobbies and any other pastimes etc)*

**CRIMINAL RECORD:** *(Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act-1974. If none please state)*

### HEALTH DETAILS:

Are you registered disabled YES / NO

Doctors Name and Address:

If YES, registration number:

Please list any diseases, disorders or allergies from which you have suffered or do suffer.

Are you afraid of heights or confined spaces? YES / NO please give details.

Please details any form of medicine, drugs or treatments you are currently and / or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

**DECLARATION:** *(Please read this carefully before signing this application)*

- 1) I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- 2) I hereby give my authority for the organisation to contact my own doctor for any further details of my state of health.
- 3) I agree that the organisation reserves the right to require me to undergo a medical examination.

**Signed:**

**Date:**

### FOR OFFICE USE ONLY

Interview Date:

Offer Letter:

Y / N

Rejection Letter

Y / N

Interview (2) Date:

References:

Y / N

Medical:

Y / N

Acceptance:

Y / N